



Incident Report

Print Date/Time: 04/02/2016 18:18
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006035

Incident Date/Time: 3/30/2016 5:43:00 PM
Location: MARKET PL / SR 204
LAKE STEVENS WA 98258
Phone Number: (206) 953-4227
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19N1	SS0072-Aukerman
19N2	SS0132-Kilroy
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FEMALE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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03/30/2016 : 17:45:05 SP0325 Narrative: LR325

03/30/2016 : 17:44:55 SP0325 Narrative: SCHOOL BUS VS CAR, RP HU

03/30/2016 : 17:44:18 SP0325 Narrative: CC, NON INJ, LANG BARRIER



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6035VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>USKOVA Galina G</u>		RACE	ETHNICITY	SEX <u>M</u>	D.O.B. <u>08/23/49</u>	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS				CITY		STATE		ZIP		
HOME PHONE		CELL PHONE <u>206 953 4227</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

I, Officer Shein of The Lake Stevens Police Department.

Я Ускова Галина employee
на работе есть на перекрестке
Market PL x 204. и сейчас же. есть
когда загорелась и едущая машина
но сразу был сильный удар.
Сильно болят ноги

USKOVA

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: УсковаDATE SIGNED:
03/20/2016OFFICER/NUMBER: Shein #136DATE SIGNED:
3/30/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

STATEMENT GEARHEART, KAREN



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6035VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>GEARHEART, KAREN A</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>12-6-57</u>	AGE <u>58</u>	HGT	WGT	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>3009 Alderwood Mall Blvd</u>				CITY <u>Lynnwood</u>		STATE <u>WA</u>		ZIP <u>98036</u>		
HOME PHONE		CELL PHONE			WORK PHONE <u>425-431-1100</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

Toyota Prius APT0486 - we were at a Red light, light turned green, Toyota started out then tried to turn left onto Market P from the center lane, That was the first thing she told me when she got out of the car. She started going strait then stopped

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

Karen Gearheart03-30-16

OFFICER/NUMBER:

DATE SIGNED:

SK12804 / 1323/30/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

16-6035, 033016 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E530140**

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 03 - 30 - 2016	1743	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	8600
	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	GEARHEART	FIRST NAME	KAREN	MIDDLE INITIAL	A
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STREET NEW ADDRESS	3205 RUSSELL WAY APT 5
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CITY	LYNNWOOD	ST	WA	ZIP	980875151
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CDL	B	RESTRICTIONS		ENDORSEMENTS	P
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DRIVER'S LICENSE #	GEARHKA433RF	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	06	1957
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B4501C	STATE	WA	VIN#	1DFE4FS4GDC24477
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2016	MAKE	MICR	MODEL	SCHBU	STYLE	YY	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. EDMONDS DISTRICT 20420 60TH AVE W LYNNWOOD WA 98036

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	EDMONDS SCHOOL DISTRICT 1234
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	USKOVA	FIRST NAME	GALINA	MIDDLE INITIAL	G
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STREET NEW ADDRESS	1128 13TH AVE APT 202
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CITY	SEATTLE	ST	WA	ZIP	981224403
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	USKOVGG513N3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	23	1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK PAIN
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LICENSE PLATE #	APT0486	STATE	WA	VIN#	JT2BK12U410021002
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	TOYT	MODEL	PRI4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GALINA USKOVA APT 202 SEATTLE WA 98122

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4254-98-38-61
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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PART A 3000-345-159 R (7/06)

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FROM TO 3 7 33

FROM TO 3 9 34

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42


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E530140**CASE # **2016-6035**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		KON ALLA																
ADDRESS & PHONE #										SEX	F	D.O.B. MMDDYYYY	06	-	16	-	1951	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		USKOVA MARINA																
ADDRESS & PHONE #										SEX	F	D.O.B. MMDDYYYY	10	-	29	-	1973	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY		-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was stopped at a red light on SR 204 at Market PL. Unit 2 was stopped in front of unit 1 on SR 204 and Market Pl. When the light turned green unit 2 began to go and then came to a stop in the intersection. Unit 1 began to go forward and was unable to stop before hitting unit 2.

There were no injuries and both vehicles were driven from the scene.

Unit 1 was at fault due to following too closely.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132		03-31-16 04:27 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY ROBERT MINER 0095		PLACE SIGNED 4/1/2016 2:00:13 AM	
BADGE OR ID #	#0132	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
5:44 PM		5:58 PM	


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E530140
CASE # 2016-6035
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # 1 USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

 CARRIER NAME

 CARRIER ADDRESS

 CITY ST ZIP

 NAME SOURCE # AXLES **00** GVWR **0** PLACARD ☐ + NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

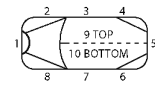
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA


UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

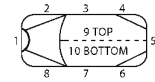
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
03-31-16 04:27 AM

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

DATED: _____ PLACE SIGNED _____

 BADGE OR ID # **#0132** ORI # **WA0311900** APPROVED BY **MINER** DATE **4/1/2016** PAGE **3** OF **4**

REPORT NO. E530140

CASE # 2016-6035

DATE AND TIME
OF COLLISION 03/30/16 17:43

